Life Insurance & LTD Enrollment/Change Form

Snohomish County Human Resources



Use this form to enroll in Life Insurance and Long Term Disability Insurance. Submit this form to Human Resources (HR) via fax at 425-388-3579 or mail to 3000 Rockefeller Ave. M/S 503 Everett, WA 98201. Call HR at 425-388-3411 ext. 0 for assistance.

① Emp	oloyee Informatio	n										
Last Name			First N	irst Name				Social Security	#			
Address									Date of Hire			
② Lon	g Term Disability	(LTD) Ins	urance				E	ffective Da	te:			
Election		Additio	nal Informat	ion	on							
Automa	itic Enrollment	coverag	ge. Provided	at no co led in th	ost to all re	egular emplo	yees* worki	ng 20+ hoւ	TD 123495). Emp Irs per week. Em and SOMT and A	ployees are		
3 Ba	sic Life and Accide	ental Dea	th & Dismer	nberme	ent Insurai	nce (AD&D)		Effective	Date:			
Election				Eligibl	e Employe	e Group		Addition	Additional Information			
Basic Life: \$40,000; Basic AD&D: \$40,000 Waive/Cancel No change			Non-represented employees, Management & Exempt, AFSCME, Law Enforcement Support & Clerk's Association				 Coverage is through The Hartford Policy # GL402614 & ADDS07635 					
Basic Life: \$40,000; Basic AD&D: \$20,000 Waive/Cancel No change			o: \$20,000	Corrections Support, Corrections Guild, Airport Fire Fighters, Corrections Sergeants and Lieutenants, & Corrections Support Supervisors				Provide workinPart-tir	 Employee only coverage Provided at no cost to employees working 35+ hours per week Part-time employees working 20-34 			
Basic Life: \$60,000; Basic AD&D: Waive/Cancel No change			: \$20,000	Sheriff Deputies, Sergeants, Lieutenants, & Captains					hours per week must pay pro-rated monthly premiums			
4 Sup	plemental Life Ins	surance –	Employee C	Coverag	e							
Election	1		Details				Addit	Additional Information				
☐ Enroll/increase (GI eligible) ☐ Enroll/increase (not GI eligible) ☐ Decrease ☐ Waive/Cancel		ible)	Election Amount					• Poli	 Coverage is through The Hartford Policy # GL402614 Minimum: \$10,000 			
		eligible)	Date of Birth					• Incr • Max	Increments: \$10,000Maximum: Lesser of \$300,000 or			
☐ No c	hange			Age					5 times annual base salaryGuaranteed Issue (GI): up to \$150,000 (if eligible)			
Comments			ts		Guaranteed Issue				Amounts subject to EOI			
HR					Effective	Date		Effect	ive Date			
USE					HRIS Pro	cessed Date			Processed Date			
ONLY					Premium			Premi	um			
				Step Salary								

(5) Supplemental Life	Insurance -	- Spouse or Dome	stic Partner Co	overage						
Election		Details					Additional Information	า		
		Election Amoun	t				 Coverage is through Policy # GL402614 Minimum 65,000 	The Hartford		
		Name					Minimum: \$5,000Increments: \$5,000			
Enroll/increase (GI	_	Date of Marriag	е				Maximum: Lesser of	•		
☐ Enroll/increase (not ☐ Decrease ☐ Waive/Cancel	: GI eligible)	Date of Birth					50% of the employed Supplemental Life			
No change		Age					 Guaranteed Issue (GI):up to \$30,000 (if eligible) If the spouse is also a County employee, they must enroll as an employee and are not eligible for spousal coverage. 			
	Comme	nts		uaranteed	Issue		Amounts subjec	t to EOI		
HR			Effective D	ate			Effective Date			
USE			HRIS Proce	ssed Date			HRIS Processed Date			
ONLY			Premium				Premium			
			Step							
6 Supplemental Life	Insurance -	- Children Covera	ge			Effect	ive Date:			
Election	Details				Additional Information					
	Election A	mount		• (0)			Coverage is through The Hartford Policy # GL402614			
_	Monthly F	Premiums		•						
☐ Enroll/Apply ☐ Waive/Cancel ☐ Change ☐ No change	Child's Name			age for • If y em			may cover all of your children up to 26 for \$5,000 for \$.50 per month or \$10,000 for \$1 per month ou have a child with another County ployee, only one of you may insure t child.			
7 Supplemental Acci	dental Dea	th & Dismembern	nent Insurance	nt Insurance Effec			tive Date:			
Election		Election Amount	Summary of	Summary of Terms						
☐ Enroll in employee coverage ☐ Enroll in family coverage ☐ Waive/Cancel ☐ No change		\$	MinimumMaximumEmployee	 Coverage is through The Hartford; Policy: ADD-S09046 Minimum election and Increments: \$10,000 Maximum: \$250,000 in coverage (Sheriff Deputy Maximum: \$75,000) Employee monthly premiums: (Election amount /1,000)*.03 = premium Family monthly premiums: (Election amount/1,000)*.05 = premiums 						
8 Employee Signature										
Last Name				First Name						
Signature				Date						
			110 1105	DNII V						
HDIC Processing Date:		Tr	HR USE (реі Г	TIDEN		Ппси		

Supplemental Life Insurance Monthly Premiums (Employee and Spouse/Domestic Partner)												
С	overage	Age Bracket										
Amount		0 - 29	30 - 34	35 - 39	40 - 44	45- 49	50 - 54	55 - 59	60 - 64	65 - 69	70 and up	
\$	5,000	0.27	0.31	0.31	0.54	0.91	1.55	3.13	4.71	6.73	13.29	
\$	10,000	0.54	0.61	0.61	1.08	1.82	3.10	6.26	9.42	13.46	26.58	
\$	15,000	0.81	0.92	0.92	1.62	2.73	4.65	9.39	14.13	20.19	39.87	
\$	20,000	1.08	1.22	1.22	2.16	3.64	6.20	12.52	18.84	26.92	53.16	
\$	25,000	1.35	1.53	1.53	2.70	4.55	7.75	15.65	23.55	33.65	66.45	
\$	30,000	1.62	1.83	1.83	3.24	5.46	9.30	18.78	28.26	40.38	79.74	
\$	35,000	1.89	2.14	2.14	3.78	6.37	10.85	21.91	32.97	47.11	93.03	
\$	40,000	2.16	2.44	2.44	4.32	7.28	12.40	25.04	37.68	53.84	106.32	
\$	45,000	2.43	2.75	2.75	4.86	8.19	13.95	28.17	42.39	60.57	119.61	
\$	50,000	2.70	3.05	3.05	5.40	9.10	15.50	31.30	47.10	67.30	132.90	
\$	55,000	2.97	3.36	3.36	5.94	10.01	17.05	34.43	51.81	74.03	146.19	
\$	60,000	3.24	3.66	3.66	6.48	10.92	18.60	37.56	56.52	80.76	159.48	
\$	65,000	3.51	3.97	3.97	7.02	11.83	20.15	40.69	61.23	87.49	172.77	
\$	70,000	3.78	4.27	4.27	7.56	12.74	21.70	43.82	65.94	94.22	186.06	
\$	75,000	4.05	4.58	4.58	8.10	13.65	23.25	46.95	70.65	100.95	199.35	
\$	80,000	4.32	4.88	4.88	8.64	14.56	24.80	50.08	75.36	107.68	212.64	
\$	85,000	4.59	5.19	5.19	9.18	15.47	26.35	53.21	80.07	114.41	225.93	
\$	90,000	4.86	5.49	5.49	9.72	16.38	27.90	56.34	84.78	121.14	239.22	
\$	95,000	5.13	5.80	5.80	10.26	17.29	29.45	59.47	89.49	127.87	252.51	
\$	100,000	5.40	6.10	6.10	10.80	18.20	31.00	62.60	94.20	134.60	265.80	
\$	105,000	5.67	6.41	6.41	11.34	19.11	32.55	65.73	98.91	141.33	279.09	
\$	110,000	5.94	6.71	6.71	11.88	20.02	34.10	68.86	103.62	148.06	292.38	
\$	115,000	6.21	7.02	7.02	12.42	20.93	35.65	71.99	108.33	154.79	305.67	
\$	120,000	6.48	7.32	7.32	12.96	21.84	37.20	75.12	113.04	161.52	318.96	
\$	125,000	6.75	7.63	7.63	13.50	22.75	38.75	78.25	117.75	168.25	332.25	
\$	130,000	7.02	7.93	7.93	14.04	23.66	40.30	81.38	122.46	174.98	345.54	
\$	135,000	7.29	8.24	8.24	14.58	24.57	41.85	84.51	127.17	181.71	358.83	
\$	140,000	7.56	8.54	8.54	15.12	25.48	43.40	87.64	131.88	188.44	372.12	
\$	145,000	7.83	8.85	8.85	15.66	26.39	44.95	90.77	136.59	195.17	385.41	
\$	150,000	8.10	9.15	9.15	16.20	27.30	46.50	93.90	141.30	201.90	398.70	
\$	160,000	8.64	9.76	9.76	17.28	29.12	49.60	100.16	150.72	215.36	425.28	
\$	170,000	9.18	10.37	10.37	18.36	30.94	52.70	106.42	160.14	228.82	451.86	
\$	180,000	9.72	10.98	10.98	19.44	32.76	55.80	112.68	169.56	242.28	478.44	
\$	190,000	10.26	11.59	11.59	20.52	34.58	58.90	118.94	178.98	255.74	505.02	
\$	200,000	10.80	12.20	12.20	21.60	36.40	62.00	125.20	188.40	269.20	531.60	
\$	210,000	11.34	12.81	12.81	22.68	38.22	65.10	131.46	197.82	282.66	558.18	
\$	220,000	11.88	13.42	13.42	23.76	40.04	68.20	137.72	207.24	296.12	584.76	
\$	230,000	12.42	14.03	14.03	24.84	41.86	71.30	143.98	216.66	309.58	611.34	
\$	240,000	12.96	14.64	14.64	25.92	43.68	74.40	150.24	226.08	323.04	637.92	
\$	250,000	13.50	15.25	15.25	27.00	45.50	77.50	156.50	235.50	336.50	664.50	
\$	260,000	14.04	15.86	15.86	28.08	47.32	80.60	162.76	244.92	349.96	691.08	
\$	270,000	14.58	16.47	16.47	29.16	49.14	83.70	169.02	254.34	363.42	717.66	
\$	280,000	15.12	17.08	17.08	30.24	50.96	86.80	175.28	263.76	376.88	744.24	
\$	290,000	15.66	17.69	17.69	31.32	52.78	89.90	181.54	273.18	390.34	770.82	
\$	300,000	16.20	18.30	18.30	32.40	54.60	93.00	187.80	282.60	403.80	797.40	